

Are you ready to save BIG on  
New York State required trainings?

50% Off Council Membership!  
New rates below, join now!

Did you know you could save over \$300  
in training costs by becoming a member?

## Mid- Year Membership Form

Organization \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

## Mid-Year Membership Category

Group Family Child Care Provider  
(One site up to 3 staff members) \$25.00

Center Based

- Early Childhood Center
- Nursery School
- Pre-K Program
- School Age Program

\$2.00 x (# of Children) = \$ \_\_\_\_\_

All employees in program \$2 per child/licensed capacity up to max. \$500

Family Child Care Provider  
(Applicant plus one staff member) \$20.00

Individual \$20.00

Non-Profit Employee  Other



## 2018 Membership Benefits

Membership is valid  
January 1 - December 31

- Discounted calendar trainings & on-site trainings
- Listing on our website, including a link to your website
- Free postings on the Council's job bank
- Membership certificate for your site to post
- Printed Council Training Calendar
- Early announcements of special programs & opportunities
- Free Notary Public Services
- Invitation to attend free member only networking meetings
- Complimentary Council 2018 calendar
- Participation in our membership referral program
- Invitation to attend exclusive member only annual events
- Discount off Lakeshore orders

Mail completed form with payment to:  
The Child Care Council of Westchester  
313 Central Park Ave, Suite 4  
Scarsdale, NY 10583  
or fax to (914)885-1110  
[www.childcarewestchester.org](http://www.childcarewestchester.org)



For more information contact Juanita Pope at  
914-761-3456 ext. 106 or [JuanitaP@cccwny.org](mailto:JuanitaP@cccwny.org)

Additional Staff Covered  
Under Membership  
(if applicable)

Group Family Child Care Provider

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Family Child Care Provider

- 1. \_\_\_\_\_

## Payment Options

Check/Money Order (payable to  
Child Care Council)

MasterCard  Visa  Amex

Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

